School of Hearing, Speech and Language Sciences
Ohio University

Directed Study Request

Student's name: _____ PID #: _____

Course under which study would be completed:

___HSLS 694 ___HSLS 794 ___HSLS 498 ___HSLS499 ___Other

Quarter during which study will be taken: _____, Academic Year 20___ to 20___

Number of hours requested for study: _____Credit hours

In the space provided, describe the subject matter of the proposed study, the reason for requesting the instruction under directed study, and what evidence will constitute successful completion of the course.

This directed study has been proposed with the consent of the HSLS faculty member who will direct the study.

_____ _____ _____
Faculty Signature Student Signature Date

****

This request for directed study was ____ APPROVED ____ NOT APPROVED

by SHSLS faculty on _____
Date

_____
Coordinator of Professional Programs

OR

_____
Coordinator of Undergraduate Programs

Submit the original and three copies to the School office

REVISED 09-11-06